DOCUMENT RESUME

ED 102 057 SO 008 095

AUTHOR Gartner, Alan; Riessman, Frank
TITLE Children: Workers in Their Own Learning. A New Basis for the Organizing of Schools.
INSTITUTION City Univ. of New York, N.Y. Queens Coll. New Careers Training Lab.
SPONS AGENCY Office of Education (DHEW), Washington, D.C.
REPORT NO COP-Bull-3
PUB DATE [74]
NOTE 21p.
JOURNAL CIT COP Bulletin; v2 n3 1974-75

EDRS PRICE MF-$0.76 HC-$1.58 PLUS POSTAGE
DESCRIPTORS Cross Age Teaching; *Educational Practice; Governance; *Human Services; *Learning Motivation; Management; Organizational Change; Organizational Theories; Program Evaluation; *School Organization; Social Organizations; *Student Participation; Student Responsibility

ABSTRACT

The concept of consumer participation is discussed as a new basis for the organization of a school and as a general basis of organization for all types of services. A service consumer might be involved as a general consumer around the service, as an active participant in service delivery to other service consumers, and as one directly engaged in service production. An illustration of the latter type of involvement is cross age teaching where an older student teaches a younger one. This involvement results in consumer intensive service, which in the case of students means that students participate in and govern their own learning. Management practices consonant with consumer intensive service are identified. For instance, mechanization and bureaucracy are not viewed as helpful practices while vouchers and program planning and budgeting systems may be. Consumer boards and the use of ombudsmen and indigenous workers are particularly helpful practices. An evaluation schema for consumer intensive service that overcomes the multiple difficulties encountered in the evaluation of services is suggested. A successful evaluation would require positive findings on a battery of indices for cognitive, affective, longterm, and proximate goals. The ultimate effect of consumer participation is viewed as qualitative improvement in productivity. (JH)

COP Bulletin 3

Vol. II, 1974-75

ED102057

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

SCOPE OF INTEREST NOTICE
The ERIC Facility has assigned this document for processing to: SO CE
In our judgement, this document is also of interest to the clearinghouses noted to the right. Indexing should reflect their special points of view.

CHILDREN: WORKERS IN THEIR OWN LEARNING

A New Basis for the Organizing of Schools

Alan Gartner and Frank Riessman

A section provided under a developmental assistance grant from the US Office of Education in support of the Career Opportunities Program to the New Careers Training Laboratory, Queens College, 164 West 80th Avenue, New York City, N.Y. 10036 212-874-4717.

CHILDREN: WORKERS IN THEIR OWN LEARNING
A New Basis for the Organizing of Schools

Education (and the human services in general) are faced with the interrelated challenge of cost and productivity, that is, Do the children learn? Generally, the cost issue has come to the fore as concerns around the lack of productivity have mounted. It would seem likely that were productivity increased -- were children to be learning more -- then the taxpayers would be more willing to carry the costs of education.

Children are commonly seen as the ultimate beneficiaries of educational programs. Here we want to suggest that they are, as well, the key to productivity increases, and, this being the case, that educational programs and their management must build upon the fact of the child as a producer of his/her own learning.

+ + +

Traditionally we think of productivity as a function of technology -- the more machinery, the more efficient production will be. This has certainly been characteristic in the manufacturing of goods. On the other hand, the services are labor-intensive; they use a high proportion of labor or human power in contrast to machinery or capital in order to produce the service product, whether it be education, health, safety, or personal services. To make the services more efficient, it has seemed natural to try to mechanize them more; that is, to apply machinery so that they will perhaps become more like manufacturing.

Traditional notions argue that productivity in human service work cannot be increased sharply because it is not amenable to capital-intensive inputs; moreover, as it is labor-intensive, the work inputs are costly and potentially inflationary. Our point, however, is that human service work is consumer-intensive and the key to increasing productivity in this sector lies in effectively engaging and mobilizing the consumer.

Community advisory boards have been established on the assumption that such community involvement may make the service giver more responsive to the consumer. Paraprofessionals have been employed with the idea that they would bring a community voice into the service system, affecting agencies and professionals thereby. Voucher systems have been experimented with in order to capture some of the presumed power that the buyer of a service may possess. Decentralization has been applied in neighborhood service centers in order to reduce the distance between the client and the service.

Competency- or performance-based certification has been advocated in order to identify more closely what the practitioner is able to do. New methods of analyses of the work (e.g., job or functional task analysis) are designed to demystify the work that is done and to bring it under greater scrutiny and control. Advocates and expediters have been employed to cut through red tape and speed

service delivery. Much more developed training designs have been employed, stressing simulation, in the hope that sharper, more pinpointed skills will emerge and thus the service be improved. And, of course, service modalities such as the open classroom, the community mental health center, and many, many more have been introduced on the grounds that they are more involving of the client or consumer and will therefore produce a better service. The reorganization of roles, both professional and paraprofessional, has been proposed as a major device for increasing effectiveness, and the use of new types of personnel has been proposed to represent clients better.

These approaches, while they have had some specific service effects, have largely been accepted on face validity. While they are likely to make the services more consumer-relevant, they may not specifically make it better. Often, they have been accepted (as they have been advocated) because of what they are trying to do and their general philosophy, rather than based on discrete service effectiveness criteria. This is not to say however, that individually (or collectively) they have not had some effect on service quality. Rather, it is that they have not led to any leaps in direct service quality. We believe that this is so, at least in large part, because while they are consumer-oriented, they do not directly harness the potential power of the consumer as producer.

Similarly, the broad community participation efforts have had general effects. They have upset the professional monopoly, put the system in a state of disequilibrium, and acting as an icebreaker, laid it open to change. But it is necessary to go beyond that stage of local struggle between community and professional, on the one hand, to the larger national arenas, and, on the other hand, to the specifics of practice and service effectiveness.

Both the broad community participation efforts and the discrete consumer-oriented practices steps are necessary, but neither alone nor together are they sufficient to achieve the necessary leaps in service productivity. What is additionally necessary is the involvement of the consumer as producer.

THREE PHASES OF CONSUMER INVOLVEMENT

We can identify, in looking at consumer involvement in human service practice, at least three phases or facets.

-- General consumer involvement around the services.
-- Active roles in service delivery for those who have been (or are) service consumers.
-- Engaging the consumer as a direct factor in service production.

This first phase is characterized by the community control (sometimes mislabeled decentralization) struggles, exemplified in education by the events related to the three so-called demonstration school districts in New York City; in mental health, in the struggles at Lincoln Hospital in the

Bronx; and in health, in the various OEO-funded comprehensive neighborhood health centers, such as Columbia Point in Boston, Mound Bayou in Mississippi, and NENA in New York City.

What was achieved in this phase was a challenging of professional autonomy, a "peeling off," in a sense, of professional power. Lay people demanded and won the right, to some extent at least, to a say about matters relating to the service they (or their children) were to receive. While issues of practice were important at this phase, larger political goals were also central. And, in some cases at least, these broader concerns diverted from (or even had negative consequences for) concern with direct practice issues. Nonetheless, issues which needed raising were raised and a necessary challenge to the professional service systems put forth.

The second phase, in chronology often simultaneous with the first, includes a broad variety of consumer-related activities vis-à-vis the human services. In part, this was in response to increased pressure for services. A number of practices were used to help human service agencies respond positively to growing consumer-demand pressures, i.e., they were designed either to increase the resources or to use them more efficiently:

1. Hiring underutilized persons such as older people, women, the poor, youths, part-time workers, and the like.
2. Taking advantage of nonfocused endeavors, for example, the opportunities for learning outside school. By capitalizing on informal programs or organized efforts such as Philadelphia's Parkway School (in which the city itself becomes the learning medium) or the college-level "University Without Walls" programs, a school can use the resources of the large community as its classroom.
3. Using consultation as a technique to expand resources. Unlike the usual consultation efforts, which are designed to deal with a specific individual's problem, consultation can be designed to multiply the existing efforts of individuals and groups.
4. Examining the precise features of work to be done (e.g., functional job analysis or job task analysis) and deploying human resources so they are used most effectively. Restructuring work as a series of discrete tasks to be performed allows greater productivity and efficiency than does the use of general job descriptions.

These practices represent effective ways of meeting present demands for services. However, if agencies are to meet the growing demand -- caused not only by increased population but rising expectations and desires -- two additional strategies must be developed. Of course, additional financial resources are necessary, but the experience with the Medicare and Medicaid programs, while serving large numbers of people, showed that enormous sums of money pumped into the health care system had little demonstrable effect on service organization, while providing enormous income to doctors.

First, indigenous or noncredentialed manpower must be used not merely as tools to reach those previously unserved, but to allow more effective use of professional resources and to increase the supply of new professionals. For instance, Haughton notes that while 80 percent of the traditionally trained registered nurses leave New York City hospitals within three years of graduation from nurses' training because of marriage, pregnancy, moving, new jobs, and so forth, community residents who become hospital professionals via "new carrers" programs are likely to remain longer. Paraprofessionals, who most often perform out-reach functions, must be used increasingly to deliver direct services, such as counseling clients, teaching children, and treating patients.

Second, recipients of services can also render services -- that is, the service user becomes a producer. For example, in a Harlem narcotics program, patients operate a free breakfast program for children; in another program, delinquent youths tutor underachievers. Similarly, prisoners in the Salem (MA) jail record books for the blind through the national Braille Press.

Teachers and others can be trained best by doing the work to be learned. At Hunter College in New York City, student teachers tutor sixth-grade children, who, in turn, tutor second-grade children. Thus, the training program produces services, i.e., the tutoring of two sets of children. The entire "new careers" program, in which a participant is hired first and receives the necessary training and education on the job, is another instance in which trainees deliver services.

The use of consumers as service deliverers may have further effects on service utilization because different demands will be made on the system when these services deliverers become consumers. If an individual is both a consumer and a deliverer -- simultaneously, as in learning-through-teaching programs -- he/she will be a more knowledgeable consumer in terms of which services are used, how much, in what manner, and to what effect. The following remark made by a child involved in a California learning-through-teaching program illustrates what can happen when a consumer who has been a server once again becomes a consumer:

> When my teacher does something that I think is bad teaching, I ask myself now how would I do it. Then I make myself my own teacher and I teach myself the better way.

In dealing with the issue of increased demand for services, we have thus far focused intentionally upon the human resources -- how new ones can be marshaled and old ones better deployed. Another key feature in responding to such demand pressures has to do with changing the structure or organization of the service -- the issues of how it is delivered, as well as by whom.

An aspect of this restructuring of the services can be seen in the greater use of community-based facilities for the prisoner, the mentally ill, the handicapped. In part, it seems that the move away from places of incarceration for these populations has been a function of the growing cost of institutionalization; however, the failure of such institutions seems to be central.

In addition to efforts involving new personnel and new uses of old personnel, and the structural changes described above, there have been efforts to mechanize the services and to introduce new management tools.

There are countless illustrations of mechanization in the service fields -- teaching machines, tape recorders, multiphasic screening of patients, walkie-talkies for policemen. While some of these methods clearly have their uses, there has been no leap in the productivity or humanity of the services in the areas where they have been applied.

Another approach to increasing service efficiency is seen in the introduction of a number of managerial approaches such as job task analysis, systems approaches, PPBS, and countless others, frequently borrowed from industry. But the various "systems approaches" and the like do not seem to have revolutionized the services, either in terms of efficiency or the reduction of alienation; nor for that matter has the emphasis on training produced striking improvements in performance and productivity whether among policemen, teachers, psychiatrists, social workers, recreation specialists, drug education workers, or doctors.

The fact is that there are very few examples of marked advances in output in the service spheres, but fortunately, there are a few, and perhaps something can be learned from a look at them.

Of course, there is the problem of definition. What, after all, is a marked improvement in service delivery, and how is it to be assessed? As a working model, we would suggest the following indices:

1. An advance in output of considerable magnitude that is enduring; e.g., children's reading scores improving 20 percent or more above the norm, and remaining at the new level;
2. The rapid spread in the utilization of a service of "obvious" value; e.g., immunization of large numbers of children hitherto uninoculated;
3. A strong positive subjective report by users of service where the subjective element may be said to be the decisive variable; e.g., partners reporting change in the enjoyment of sexual relations subsequent to receiving sex therapy;
4. Changes in behavior at multiple levels in education, for example, changes in the cognitive and affective dimensions. An important variant of this point relates to the latent functions of a service. Thus, if in the process of learning to read, a child acquires a more cooperative attitude, a feeling of greater power, these added outputs (frequently emanating from the context of the service) can be seen as important reflections of its value. Contrariwise, a service that in itself may produce a positive output, e.g., a doctor's accurate prescription for a patient, can produce disastrous consequences because the whole relationship may make the patient feel highly dependent and mystified.

With these criteria in mind, some actual illustrations can be cited. One, as we have already noted, is the rapid and effective spread of family planning among segments of the population that hitherto were uninvolved in these procedures. Planned Parenthood now estimates that over 50 percent of the poor in the United States are utilizing family planning approaches.

The second area that illustrates marked change in output is where children have been utilized to teach other children. Here the older children who do the tutoring have been observed to achieve a dramatic advance in their own learning -- as much as three years in reading improvement in six months' time. These changes have been lasting and are typically accompanied by changes in attitude toward learning, increased self-confidence, and the like.

A third illustration can be found in various applications of the self-help movement. For example, it has been reported that the most effective approaches to weight control are the various weight watchers groups -- and to a lesser extent this seems to be true for smokers, alcoholics, drug addicts, although the data are more ambiguous than in weight reduction. Of added importance is the fact that these behaviors have been very resistant to change by all methods.

CONSUMER-INTENSIVE SERVICES

What these examples seem to have in common, in addition to the fact that they are inexpensive, is a special involvement of consumers -- patients, students, and clients -- so that they become a force in the increase of the productivity of the service. The consumers are actually operative in the delivery of the service; it is not some general form of participation. And there is a definite increase in the output: learning and/or extension of the service.

Victor Fuchs points out that unlike goods production, in the services "the knowledge, experience, honesty, and motivation of the consumer affects service productivity."

Here, then, is a decisive factor which can affect education or any other human service. If we see students, for example, not as the passive recipients of teaching but as workers in the production of their own learning, then the organization of those learning activities takes on a quite different focus.

What is key in efforts to increase children's learning, then, are those activities that can enlist the student as a more active and effective learner/worker. Helping students to learn will make them more effective and efficient learners in the future. Engaging students in a program where they learn through teaching other students makes most efficient use of the student/worker. If students are a key factor in the production of their own learning, then the other forces of production (teachers, equipment) must be directed toward maximizing the efficiency of the student. One of the ways to do this is to enlist the consumers (that is, the students, their families, and community) to give them a say in what is to be learned, who is to be employed, and how the learning is to be organized. If this is done, then the students are perhaps more likely to be motivated to work hard, that is, to be effective producers of their own learning.

Some of the steps which may be taken in education can be seen by looking at designs developed for the improvement of the productivity of other types of workers. Much attention has been given recently to improving the work satisfaction and productivity of factory workers through developing teams to reduce worker isolation, organizing the work so as to give a sense of wholeness to their efforts, giving workers control of some (or all) of the operations involved so as to produce a feeling of autonomy and involvement. These same principles apply to efforts to improve the quality of work performed by students as a factor in the producing of their own learning. For example, the work (learning) must be interesting; it should be carried on so that the worker (student) can have positive relationships with coworkers (other students and teachers); there should be an apparent connection between the various parts of the work; the relationship of the particular job (item being studied) to the larger enterprise (the student's entire learning) should be real and clear; and the worker (student) should have some discretion and control over what he or she does -- the order, pace and tempo, and content.

There are countless well known examples that demonstrate how the involvement of the consumer in the service relates to its added efficiency. Jane Jacobs, for example, noted a decade ago that the safety of the community was essentially dependent upon the concern of the citizens rather than the police. It is striking that as citizens have become less concerned about other citizens on the streets, the safety of the streets has declined markedly.

The Atkins Diet and many other nutritional approaches, such as Adelle Davis', have literally been eaten up by millions of consumers throughout the United States in controlling their own weight and improving their own health. The Atkins approach, in particular, calls for a special involvement of the client in making urine readings and in counting carbohydrate grams.

To the extent that people come to understand the law better and are enabled to utilize decentralized legal services, the efficiency of the law may improve. In the tenants' movement, a good many citizens have learned about housing and rent control laws and thus have made more efficient their own legal services, including the utilization of their tenants' lawyer more selectively.

The sex therapy developed by Masters and Johnson illustrates that the involvement of the consumer is absolutely crucial in the effectiveness of the treatment and, of course, this is apparent in practically all mental health intervention except those of a highly directive type.

A program of "peer conducted research" used at a Portsmouth (NH) high school has proved effective not simply as a way to do research on the behavior and attitudes of the students but as "a tool for prevention and intervention" regarding drug abuse.

The involvement of the consumer can function at many levels. Thus, a community resident who receives good family planning assistance after the birth of her child may involve other citizens or neighbors in the community,

and even organize small groups to discuss these issues, thus greatly adding to the family planning services available. Movements such as the youth movement and the women's movement have involved people in providing services in new consumer-involving ways that appear to add to service output: youth hot lines, feminine counselors, runaway houses, job corps. The tremendous expansion of "growth and development" activities, many of which are not deeply professionalized, greatly increases the services available in society largely coming from consumer to consumer, peer to peer, with minimal professional backup.

We are not suggesting the removal of the professional or the leader. Rather, we would propose new roles in which the professional may be the catalyst, stimulator, orchestrator, manager, supervisor, who is directing skills and know-how toward the maximum involvement of the consumer, student, client, parent, not merely for the sake of their participation and all that may mean in emotional terms, but also very specifically to improve the quality of the service, the learning, the mental health, whatever. The training and managerial skills of the professional will have to be quite different and will have to be focused outward upon the consumers, directed toward methods of involving them and organizing the system so that it will encourage better consumer input. Thus, in a school which plans to have all the children teach other children, there are special problems of logistics as well as issues related to preparing the children, parents, and others, for this new program. The actual process itself of children teaching children is not complicated, but the organization of it for maximal efficiency is quite another matter.

PARTICIPATION IS NOT ENOUGH

The role of community control in providing a context of an indirect kind is important to understand. If the community has a say in what is to be learned, who is to be employed, and how the learning is to be organized, then it is likely that the students will be much more involved in the school, more likely to be motivated to work hard -- that is, to be effective producers in their own learning. However, while community participation is an improvement antecedent to the kind of consumer input we have been describing, it is not sufficient in and of itself. People may participate without any improvement in their learning; they may not become engaged in teaching themselves, learning how to learn, listening more carefully, or any cognitive mechanism related to a jump in performance. In many cases, the participation may be a detour; although it may be valuable on its own terms, it may fail in leading to increased productivity. Hence, it is important that we give careful attention to the mechanisms of connecting participation (or any other approach) to expanded consumer involvement in the actual performance or the function -- whether it be learning, health services, or whatever. Much attention must be given to the various mechanisms whereby a consumer's involvement increases productivity -- participation alone is not enough.

Most of what we are suggesting is not new, of course. Making learning self-directed, giving the students and their community a role in the school, increasing the students' motivation, are all well known ideas. What we are suggesting is that these and similar efforts need to be recast in the context of seeing students

as the key factors in their own learning. By enlisting the student as a force in the production of learning, by focusing other inputs so as to facilitate this role, the product of the work, the student's learning, will be maximized.

This approach we have outlined obviously is potentially highly economical in that it vastly expands the service resources of the system and thereby increases the productivity of the producer -- that is, the teachers or other professionals and the agency. This is quite a different model, however, from the current approach to increasing productivity of teachers -- for example, by having them teach more students. The danger in the latter is that the teaching may become less effective; teaching more -- not teaching better.

MANY CAUTIONS

There are even more dangerous potential uses of the consumer-as-server design than its misuse as a cost-saving scheme. In a sense, the organizing of prisoners to maintain discipline in a prisoner of war camp is a form of consumer as server, and, so, too, was the use of Jews in Germany (and other prisoners of the Nazis) to organize their own extermination (Judenrat). Also, recent legal action here has uncovered the exploitation of mental institution patients in the guise of doing work as part of their own rehabilitation. And if the consumer is the key force in the production of service, the question of responsibility for service failure arises in a new context with the potential for a particularly insidious version of "blaming the victim" rather than the structure.

Akin to these issues is the one of the social control function of the services. Much has been written of the social control function of the mental health system, and Piven and Cloward have made clear the role of the welfare system. Clearly, the delivery mode is not neutral.

Barbara Ehrenreich acutely makes the point that one must assess what happens to the social control function of a particular service when there is a switch from a provider-dominated to a more consumer-intensive mode of delivery. She suggests two possibilities:

1. The more consumer-intensive delivery mode simply provides a more appealing package for a service that is not selling well in the provider-dominated mode. For example, "youth tutoring youth" could become a more efficient and attractive way of selling the ideological content of public education to otherwise recalcitrant target groups, e.g., ghetto youth. In this case, the more consumer-intensive mode could be seen as a stratagem for enlisting the oppressed in their own oppression.
2. The more consumer-intensive mode may fundamentally alter and even subvert the social control functions of the service. To take youth-tutoring-youth again: This kind of participation in service production may empower kids to such an extent that many of the oppressive ideological messages of education are negated. On another level, it may lead the student participants to challenge tracking, grading, etc.

Techniques, of course, are not neutral. Any can be used counter to the presumed good intentions of their designers or their potential. Ehrenreich makes the point well in regard to women's health.

> Take two popular forms of women's self-help -- gynecological self-help and Weight Watchers. (Self-help is the ultimate consumer-intensive delivery mode: the provider is eliminated, or so thoroughly merged with the recipient that the "provider"/"recipient" categories become meaningless.) I'm convinced that gynecological self-help effectively subverts the social control functions of conventional women's medical services. The recipient (participant) is freed from medical mystifications about her own body and learns that she is the sole expert on her body and its needs. She is empowered to face the conventional providers (which she must, because self-help is a long way from embracing comprehensive care), in an active, questioning stance.
>
> On the other hand, Weight Watchers seems to me to be a clear-cut case of enlisting women in their own oppression. The great majority of Weight Watchers are not pathologically obese women, but ordinary women who are striving desperately to fit into socially determined norms of feminine beauty. The prime Weight Watcher tactics -- ridicule and humiliation -- are superbly designed to enforce the notions that (1) the "overweight" woman is despicable and unsexy, and (2) that <u>all</u> women are self-indulgent, child-like creatures.
>
> The service production mode -- relatively consumer-intensive or provider-intensive -- is <u>not</u> a neutral package. It profoundly alters the <u>content</u> of the service.

It is indeed correct that a particular mode or technique constrains against or conduces toward a particular direction and what is neccesary to do is to abet that tendency (or to fight against it, as necessary).

We believe that the consumer-intensive design does conduce toward a fuller and more self-determining role for the consumer, that it encourages both greater effectiveness for the consumer and when carried out <u>in concert with consumer participation in governance</u>, this effectiveness will more likely be consumer-determined and consumer-benefiting. None of this is guaranteed. All of this requires struggle, and all of it is continually at question.

Another set of issues concerning the consumer as producer relates to redistribution and costs. As presently considered, consumer time (like housekeeping time) bears no money cost, though, of course, there is a real cost in things forgone. As consumer-intensive designs develop, we will need a new calculus to assess these costs and to determine their effect upon equality. At question, of course, is whether differential capacities (and opportunities) to be effective consumer-intensive participants will not serve to widen inequalities.

Again, the issue is not predetermined or foreclosed. While the consumer-intensive design, we believe, conduces toward greater equality, the struggle necessary is to assure that that is the case.

MANAGEMENT OF CONSUMER-ORIENTED PRACTICE

The consumer-intensive approach dovetails with the modern critique of bureaucracy. A major criticism of bureaucratic organization is that it does not serve the client but rather serves the bureaucratic system itself, producing perhaps some internal efficiency (although it has dysfunctions here as well). The basic thrust of the consumer-intensive approach is deeply antibureaucratic and antihierarchical because it rests on the assumption that the efficiency of the system comes at the point of relationship, the point of contact, between the consumer and server, not within the service system itself, unless the changes in the latter are fundamentally related to the consumer.

Attempts at the "industrialization" and bureaucratization of the human services are doomed to failure, marked by enormous resistance from both service workers and consumers. Even in the nonservice industrial spheres, traditional managerial methods of organization have increasingly come under scrutiny in recent years, in particular the bureaucratic, hierarchical emphasis along with the rationalization and minute division of labor. The classic approach to the organization of work developed by Frederick Taylor does not seem congenial to many modern workers and thus old managerial principles are undergoing serious revision. (This is not to say, of course, that some of the newer participatory managerial approaches being experimented with in industry may not have important applicability in the service areas.)

The very character of the services with their highly relational, interpersonal component somewhat constrains against this mechanization, rationalization, and "Taylorization." On the other hand, the very special role of the consumer -- as a major force for increased service productivity -- opens up enormous possibilities as yet largely untapped by current managerial perspectives.

Some organization and management practices can be viewed as positive in terms of consumer orientation, others are negative toward such an orientation, and still others might be called neutral or likely to have effect either way depending upon how they are used.

-- Consumer boards, decentralization, use of ombudsmen, expediters, indigenous workers, advocates, as well as the granting of rights to students, patients, and clients are examples of practices that are consonant with consumer-oriented rights.

-- Mechanization, "Taylorization," bureaucracy, and hierarchy are inconsonant practices.

-- Phasing, keying, and use of a trained cadre may be described as simple and neutral management practices, while vouchers and Program Planning and Budgeting Systems (PPBS) might be called practices that could go either way.

A Typology of Management Practices

Consonant with consumer-oriented practice	Constrain against consumer-oriented practice	Neutral simple techniques	Can go either way subject to use
Community boards Decentralization Use of indigenous workers New careers New roles such as expediters, ombudsmen, advocates Legal (and administrative) rights for consumers	Mechanization Taylorization Bureaucracy Hierarchy Supersystem approach	Phasing Keying Planning Cadre development Demonstration site training bases Debugging	Program Planning and Budgeting Systems (PPBS) Management by Objectives Task (or Job) Analysis Vouchers Performance-Based Teacher Education (PBTE) Competency-Based Teacher Certification Evaluation systems

TECHNIQUES THAT CONDUCE TOWARD CONSUMER-ORIENTED PRACTICE

George Berkley, in an unfortunately neglected book, The Administrative Revolution, points to the Children's Bureau as what he dubs a client-oriented organization.

> Traditionally, most administrative agencies are organized differently. The most common basis of organization is purpose. In this manner, police departments are organized to fight crime, fire departments are organized to fight fires, postal departments are organized to deliver mail. Another and less popular . . . basis of administrative organization is by process. An agency organized in terms of the type of work that it does. An example of such an agency is a city law department . . .

> The Children's Bureau was not organized on either the basis of purpose or process but on the basis of the clientele it served. Its orientation was not to fulfill certain set purposes or to discharge certain types of functions but to service a particular group of clients and to service them in all kinds of ways. It proudly boasted that it did not simply educate, or secure housing for, or arrange medical treatment for, children: instead it cared for the whole child. (Emphasis in the original.)

This structural design, focusing upon the client, has been used vis-à-vis other groups at the national level -- for example, DHEW's Older Americans Office -- and at the local level, the Neighborhood Service Center developed by the antipoverty program for its special client population. The traditional designs begin from the perspective of the practitioners and their practice, but, as Berkley notes, while "government agencies are mono-professional . . . people are multi-problem."

While structuring the entire agency around the consumer is rare, more common is the use of particular administrative or management features designed to result in (or have the potential to be used for) increased attention to the consumer. There are a great variety of such techniques.

We have already discussed various forms of community participation. These range from advisory committees to policy-making bodies. It is a rare human service agency today that does not have some form of consumer involvement. More frequently the issue is not whether there should be such involvement, but what form it should take, what power the body should have, and just who is to be represented.

Often confused with community participation is decentralization. Services are brought from "downtown" to the neighborhood, as with the establishment of neighborhood service centers. Or, decision-making authority is transferred (in whole or more usually in some not entirely explicit part) from "headquarters" to a more local site, viz., school decentralization in New York City, Chicago, Baltimore, and many other cities.

Another aspect of consumer-oriented management in the personnel area is the use of persons in special consumer-focused roles. These include such roles as ombudsmen, consumer advocates, child advocates (there is a jointly funded NIMH-USOE effort on this), expediters, advocate planners, and the like. Such persons serve to sensitize the system, to put consumer issues on the agenda, and to give voice and weight on the consumers' side within the agency (often an effective complement to community pressure from the outside).

Yet another feature in the personnel area is for consumers to play leadership roles in the agency. One aspect of this is developed through the "new careers" effort, where career advancement through on-the-job training and education is built into the job. To date, there are several thousand persons who are now

professionals who had been paraprofessionals. Another design is for consumers simply to assume major responsibilities, as in the case of tenants operating the Martin Luther King housing project in St. Louis, and the establishment of the Tenant Management Corporation, a tenant group which subcontracts management and maintenance responsibilities with the Boston Housing Authority.

The right of administrators to operate programs unfettered by external controls has been reduced in a variety of ways. We have already referred to community (including consumer) participation in policy making. Another aspect of this is seen in the line of court decisions following upon Griggs, et al. v. Duke Power Company (1971) which, in essence, require that job qualification requirements (and to a lesser extent promotional standards) must be in terms of the real requirements of the job and may not be based upon such extraneous factors as race, sex, size, and formal education, unless these can be shown to be bona fide job qualifications. It would seem that employees selected using such standards are likely to be better equipped to provide quality services, to serve consumers in a more relevant and appropriate manner.

Less indirect have been the various restrictions upon the rights of administrators vis-à-vis service consumers. The rights of patients and students, research subjects, prisoners, the mentally ill, have all been the subject of court actions.

In the area of students' rights, courts have held that students are allowed freedom of speech in school even when administrators find it objectionable -- both the "symbolic speech" represented by wearing armbands (Tinker v. Des Moines Community School District, 1969) and regarding printed material (Eisner v. Stamford Board of Education, 1971) -- although their rights here were not unlimited (Blackwell v. Essaquena County Board of Education, 1966, and Burnside v. Byars, 1966). Also, the courts have held that students have due process rights and may not be expelled, suspended, or otherwise seriously punished without adherence to such procedures. (Madera v. Board of Education of New York City, 1967, was the first of a long line of such cases.)

TECHNIQUES THAT CAN GO EITHER WAY

Frequently associated with these efforts are new measures of accountability. Some of these have to do with training (as in performance-based teacher education), or the granting of credentials (as in competency-based teacher certification), or budgeting (as in Performance Planning and Budget System), or management (as in Management by Objectives). Each of these has its limits, particularly in terms of what it is that is to be measured (as well as how). Also, each of them can be diverted and/or misused. For the most part they have an industrial, space industry, or military origin. Each of them can serve to demystify the work of the human service agency, force greater clarity as to purpose, give greater attention to issues of effectiveness. At the same time, each can be a substitution of process for substance, giving the facade of accountability but, in fact, serving only to replace the traditional professional managers with new technocratic managers.

One can appreciate the need for better teachers and yet be appalled by the excesses of the Performance-Based Teacher Education (PBTE) movement. An approach borrowed from the natural sciences has been transferred to a far more complex setting in which assumptions so readily met in the natural sciences as not to need verbalization are insuperable barriers. To think that we can stipulate the "specific behaviors" of the competent teacher in the same way that we can specify the desired range, speed, bomb load, and other characteristics of an aircraft is not to think. To believe that "research" will provide us these specific behaviors and the means to measure them reveals ignorance of the research methodology upon which the model rests.

The use of vouchers, a technique also fraught with many dangers, again offers the potential of encouraging the service systems, at least in theory, to be more responsive to consumers. The voucher system proponents frequently ignore much relevant experience. For example, they assume that demand side intervention is sufficient to change service systems, while the Medicaid experience suggests the contrary. They assume, at least some proponents do, that the private sector can effectively deliver human services while the Job Corps and JOBS experience suggest, at the least, the need for some caution. Furthermore, the voucher idea is premised upon an analogy to the private sector that is of limited substance there -- namely, that buyers with resources determine product outputs -- and is likely to be of even more limited validity in the service sector. Nonetheless, the voucher notion (or some variant thereof, perhaps Mario Fantini's "public schools of choice"), despite its faults (actual or potential), serves, as do the other techniques discussed, to give attention and emphasis to the consumer. And vouchers shake up the system, produce a disequilibrium that may be a necessary precursor to significant change. Much of what we have said (both negative and positive) about vouchers applies, as well, to performance contracting, with the additional negative note here that there is a strong proclivity to "teach to the test," or whatever is the standard for payment, viz., the Texarkana experience.

THE PROBLEM OF EVALUATION

Central, of course, both to the particular techniques discussed above and the larger-scale efforts to reshape education is the issue of evaluation.

The problem of evaluation of human services is enormous, perhaps even more complex than it is in the social sciences in general. Let us look at a few examples. If we use achievement or reading test scores to assess the effectiveness of teachers, we are faced with the problem that the teachers may then "teach to the test." And in extreme cases, such as in the performance contracting example in Texarkana, they may actually provide the tests in advance. If we utilize a measure of the student's self-concept as a way of evaluating some educational intervention, the question arises, Has his or her self-concept improved while cognitive performance remained the same? If we use the teacher's judgment as to what has been happening to the work of the pupils, it obviously has potential bias as the teacher may want to indicate that he or she is doing a good job, while an outside independent judge may be

less capable of assessing what is going on every day and/or may obtain a restricted performance on the day of evaluation. On and on go the limitations, whether it be of teacher performance, psycho-therapy (e.g., the patient's subjective report of being better may illustrate only brainwashing by the psychiatrist), or other service.

In many cases what happens is that faced with the problems of evaluation, those engaged in practice decide simply not to do it, pleading how hard it is to do. Or, the evaluators develop such superfine instruments that they find little has, in fact, occurred (or, more precisely, little that their instruments can measure). Another alternative is that recognizing this last problem, evaluators seek out only gross and impressionistic results. None of these alternatives, we believe, is acceptable if we seek a practice which, in fact, helps people and promotes the further development of a service society.

What emerges, rather, is a need for an evaluation model which employs multiple indices, each different from the other, each having different weaknesses and strengths that may counterbalance each other, but converging toward a similar result or assessment. In the psychological literature, this is termed convergent or discriminant validity. Thus, in the case of a psychotherapeutic intervention, if the patient, his or her friends, relatives, fellow employees, supervisors, psychiatrists, and perhaps an independent judge agree that he or she has progressed markedly, we may be more persuaded than if any one of them alone so indicated. If, further, there is some measure such as projective tests that also indicates progress, we are further reassured. If, in addition, there are some major behavioral changes in the patient's life, such as being able to graduate from college after failing previously, this may be further evidence that the intervention is meaningful. To repeat, no one of these indices alone would be sufficient, and, of course, we can't always have all of the indicators working uniformly in the same direction, so we would need to develop some fairly acceptable pattern of indices.

There are a number of other factors that we might want to consider in our evaluation schema. First, we will want changes to be relatively enduring and not due to any such effect as the Hawthorne. Then, we might be particularly concerned that the changes be of a large qualitative type; for example, children progressing as much as three years in their reading scores in six months, as has occurred in some Youth Tutoring Youth programs.

In evaluating a service, we may want to consider some of its direct effects and indirect effects, its manifest results and its latent effects. For example, the doctor treats a patient and the patient gets well, but the context of the entire relationship makes the patient feel dependent and mystified. Thus, it may be necessary to assess interventions at a number of different levels and evaluate them accordingly. Every human service intervention is imbedded in a context and has many meanings beyond its direct manifest goal. The open classroom can be assessed in terms of its improvement in the learning of children, measured by a variety of indices as suggested above. But the whole context has many other latent messages, and in many cases the open classroom is a preferred intervention, not necessarily or only because of a

presumed effect on the learning of children, but because of the concomitant values it expresses. For example, it is an approach that is involving of the children, drawing on their inner abilities, encouraging independence and expression. If these values are desired, the technique may be positively valued for these reasons, as well as for its manifest role in improving learning.

Evaluation is not only a question of how to measure but also what to measure, or, in a sense, what it is the service seeks to do, how it chooses to affect the consumer(s). Thus, for example, one can see the goal(s) of a school as

-- Improving children's reading levels; or
-- Providing full participation in the school's activities for children (and their parents), seeing the act(s) of participation as learning experiences in and of themselves, as well as, perhaps, seeing them as means toward further learning; or
-- Seeking to assure the children's affective well being; this, again, is seen as being a desirable end in itself and, perhaps, a means toward additional and deeper affective development, as well as, maybe, cognitive area development; or
-- Seeking cognitive development in depth and across a wide range of areas; this, again, is seen as being a valuable end in itself and, perhaps, leading to further development including, maybe, the affective area as well; or
-- Seeking development in both the cognitive and affective areas, looking toward multiple and different aspects of growth in both areas, expecting evidence from the divergent areas which converge. In other words, believing that significant and real growth will manifest itself both affectively and cognitively.

It is the last of these sets of alternative goals (and ideas as to the manifestation in a way useful for evaluation) that we hold as goals for schools. These are goals the achievement of which the evaluation systems we propose will make clear and obvious. It is not a case of one or two measures showing positive findings, but of a whole battery of indices, coming at different facets of development in different ways, along with some serendipitous findings that were not anticipated, that should show results. Furthermore, the results should be positive both in terms of the proximate goal(s) of the practice(s) and in terms of broader consumer benefit(s).

What we are saying, then, is that in the evluation of any human service technique or intervention, it is important to distinguish the direct effect on improvement in learning, health, mental health, or whatever, from the more indirect consequences of the technique, the way it is presented or imbedded, the place it is provided, the associated relationship, whether it is cooperative, collegial, independent, or whatever. By confusing these dimensions, we not only fail to measure the more indirect dimension, which may have more far-reaching, long-range effects, but we often confuse the two dimensions and automatically assume that they are working in the same direction; or -- and this is the more typical pattern illustrated in the various new approaches to consumer control -- because the approach fits our value framework (e.g., there

is consumer involvement), we automatically assume that the effectiveness of the service is thereby improved. This, of course, may be true, but it requires more direct evaluation procedures, utilizing multiple indices.

Finally, in the human services, there are special evaluation questions related to the fact that some approaches are good for some people (and some groups) and not for others; individual differences, style differences, and subgroup differences are extremely important. The open classroom may work very well for some kinds of youngsters, particularly those who have already a developed interest in learning, and yet be very inappropriate for other groups; while the contact curriculum may be a complete waste of time for youngsters who are already deeply involved. Role-playing may be a useful approach with some children and be counterindicated with others. Some teachers may use games very effectively, while others function better with a more structured lesson. This is not to say that everything works, but there are many paths to Rome, many different approaches and styles that may be effective, and this adds further to the evaluation problem.

CONCLUSION

The management techniques that seem to be inimical to consumer-oriented practice are those which are overly hierarchized, bureaucratized, deny by their excessive mechanization and exfoliated (almost to the point of eutrophication) systems approach the essentially relational character of the human services. "Taylorization" with its breaking down of work to the most basic unit, seeking tasks requiring nothing but repetitive, noninvolved action on the part of the workers is exactly opposite from what is called for in human service work. This is an example, at best, of the inappropriate transfer from industry of a technique (we say, at best, because, increasingly, "Taylorization" is proving ineffective in industry) to human service work. Other techniques borrowed from industry or the military, including several we have noted for their positive potential vis-à-vis consumer-oriented management (viz., task analysis, PPBS, management by objectives), have these same risks.

In general, we away from overelaborated techniques. Instead, we favor simpler management notions such a keying on the goal, highlighting the objective(s), assuring a nondiffuse effort. So, we favor the establishment of a critical mass for change, the use of coordination and phasing. Cadre development, depth training (and "overtraining"), and use of troubleshooters and key agents are personnel steps we favor.

It is the combination of these simple management techniques, the conducing toward a positive consumer orientation of those which can go either way, along with those which are in and of themselves consonant with consumer-oriented practice (viz., community boards, use of indigenous workers, decentralization), that will produce a full array of consumer-oriented organizational and management techniques. These techniques need to be combined with the consumer-oriented training designs; the practice itself, the training for it, and the management of it must all focus upon the consumer orientation.

> To a large extent human services involve a non-routine technology as opposed to a routine technology, the latter characterizes much of the industrial sector. . . . The human service system, to a great extent, is less amenable to such organization devices as centralization, standardization, formalization, and other traditional bureaucratic features. When you have a technology which is characterized by greater complexity and a non-routine character there is a need to have greater decentralization with more options and discretionary powers permitted or given to the person providing the services, as well as . . . greater consumer involvement. (Sol Levine, personal communication, November 30, 1973.)

The consumer-oriented practices that we propose will not lead directly to increased Gross National Product, for the increased productivity will be gained through capturing the potential of the consumer who, as an unpaid worker in the production of his/her own learning or health, is not counted in GNP. Nor will these changes show in standard measures of server/client ratios which are the generally used bases for assessing service productivity. Rather, the gains will be seen in the quality of the services, in the student's learning both more and better, not in the teacher's teaching more students. There is no simple "bottom line" in human service work, and those who manage it must know that, accept it, and work from that point to meet the complex and different ends of such work.